

National Health Insurance.—National health insurance is tending to become universal, and its adoption in New Zealand in some form or another in the near future is assured. It will be invaluable in dealing with the tuberculosis problem. In the meantime the Government has passed legislation providing for an invalidity pension for those permanently handicapped, which should afford relief and a sense of security to many chronic sufferers from tuberculosis.

TUBERCULOSIS AMONGST NURSES.

A study to determine the incidence of tuberculosis infection in a training-school for nurses attached to one of the New Zealand public hospitals was carried out by a committee of inquiry appointed by the honorary medical staff of the institution concerned (the Public Hospital, Dunedin). The following is a quotation from a report of the committee's investigation as prepared by D. W. Carmalt Jones, M.A., M.D., Professor of Systematic Medicine, Otago University :—

“In Europe, North America, and New Zealand there appears to be an unduly high incidence of tuberculosis among young nurses, who present the following peculiarities: They come from sheltered homes, at a period of life when according to clinical experience the incidence of pulmonary tuberculosis is high among women; they have not been previously exposed to infection, and their immunity is low, they are called upon to work unusually, though not unduly, hard, and they are apt to tax their strength by indulgence in amusement which shortens their rest. In these circumstances they are brought into intimate contact with declared cases of tuberculosis, and also with open but undeclared cases. It is the duty of hospital authorities to protect these women; the incidence of the disease in New Zealand is actually low, but the injury to health and the social and economic disabilities caused by it need no emphasis. After the investigation described in this paper the committee advised the enforcement of the most rigid medical asepsis, with special reference to the control of cough and disposal of sputum, the cleansing of sputum-pots, the sweeping of wards containing tuberculosis patients, the risk of dust in changing patients' bed-linen, and the wearing of overalls and cleansing of hands.”

As a result of this investigation a circular letter was despatched to all Medical Superintendents of Hospitals and tuberculosis institutions submitting the following recommendations for the protection of nursing staffs against tuberculosis infection :—

- (1) Careful selection of candidates for the nursing staff.
- (2) Complete medical examination before acceptance. This should include an X-ray examination of the chest. This examination should be repeated at least yearly during the period of training.
- (3) A sufficient preliminary training in elementary bacteriology and medical and surgical asepsis before entering on ward duties. This should include practical demonstration.
- (4) The institution of a complete technique of medical asepsis in the nursing care of any cases of tuberculosis in the hospital.
- (5) The application of this technique to all new admissions until a careful and complete diagnosis is made.
- (6) Adequate supervision of the nurses “ off duty ” period to ensure that sufficient rest and sufficient exercise in the open air are taken.
- (7) A strict rule should be made that all nurses should report any slight personal illness or injury.

Tuberculosis in the Maori Race.—At all ages the Maori shows undue susceptibility to infection by the tubercle bacillus. The following table shows a comparison between the Maori and European death-rates per 10,000 of the respective populations for the five years 1930–34 for pulmonary tuberculosis, other forms of tuberculosis, and all forms of tuberculosis :—

Tuberculosis Death-rate per 10,000 of Respective Populations.

Year.	Pulmonary.		Other Forms.		All Forms.	
	Maori.	European.	Maori.	European.	Maori.	European.
1930	23·38	3·71	5·65	0·84	34·03	4·55
1931	32·40	3·47	4·23	0·80	36·63	4·27
1932	34·35	3·35	7·30	0·87	41·65	4·22
1933	28·51	3·24	7·69	0·92	36·20	4·16
1934	32·88	3·32	7·37	0·88	40·25	4·20
1935	32·40	3·17	7·86	0·71	40·26	3·88

Although during the past few years the services for the prevention and cure of disease amongst the Maoris have been definitely strengthened, nevertheless it is still true that there is all too much neglect of hygienic principles and all too much sickness. The problem is economic as well as medico-hygienic, and until the Maori is better housed and becomes self-supporting educative measures are largely doomed to failure. For this reason alone those who are interested in the physical welfare of the Maori race must view with appreciation the attempts under the Native Land